40A102 (09-2016)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE





COMPLETE ONLY IF NOT FILING FEDERAL EXTENSION

> SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

APPLICATION FOR EXTENSION OF TIME TO FILE INDIVIDUAL, GENERAL PARTNERSHIP AND FIDUCIARY INCOME TAX RETURNS FOR KENTUCKY

40A102 (09/16)

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension. The requirements may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

Beginning this year, you may choose to electronically file your Kentucky extension for Individual returns. Filing electronically also allows you the option to pay electronically through a direct debit transaction scheduled on or before April 18, 2017.

All taxpayers filing this Application of Extension must complete Sections I and the Payment Voucher. If no payment is being remitted, leave amount paid boxes on the Payment Voucher blank. If you are filing your Application of Extension electronically and chose to pay by direct debit, complete Section II with your banking information.

You will be notified only if the application for extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

return when filed. Keep a co	py for yourself.			
Section I				
A six-month extension is req	uested for filing the in-	come tax return of the taxpa	yer(s) listed below for the taxabl	e year ended
REASON FOR REQUEST (A	reason must be give	n before any request can be	considered. Inability to pay tax	liability is not a valid reason.)
Signature of Taxpayer	Date Mail to: Kantuaku I	Donartment of Boyenus B	Signature of Paid D. Box 1190 Frankfort, KY 4060	,
		-		72-1190
DENIED:	Late (postmarked		Other:	
Section II - Direct Debit of	Tax Due (Complet	te only if filing electronic ex	•	
Routing Transit number (RTN) The first 2 numbers of the RTN must be 01 through 12 or 21 through 32.				
Depositer account number (DAN)				
Type of account: Savings	Checking Tax due	e debit amount \$	Debit date /	/
notify the Kentucky Department of	Revenue to terminate the days prior to the payment (tion necessary to answer it determined the return, both must sign)	authorization. To revoke (cancel) (debit) date. I also authorize the finquiries and resolve issues related	a payment, I must contact the Kentuc nancial institutions involved in the pro ed to payment. s Signature	
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Your Social Security N	o. / FEIN	12/31/2016 Year Ending	Spouse's Social Sec	curity No.
LAST NAME	FIRST NAI	ME	SPOUSE'S NAI	ME
			Amount Paid	0 0
Mailing Address (Number and Str	reet including Apartment	No. or P.O. Box)		
			Make check payable t	o: Kentucky State Treasurer.
City, Town or Post Office	State Zip Code	Э		
Check type of return:				
☐ Individual ☐ Fiduciary		Mail to:		4047050003
General Partnership		Kentucky Departmer	t of Revenue	
For informational purposes only. General Partnerships DO NOT have a t	ax liability.	P.O. Box 1190 Frankfort, KY 40602-	1190	

DO NOT ATTACH CHECK TO VOUCHER